United States Bankruptcy Court SC 51288, Houston TX 77208	HERN DISTRICT OF TEXAS P.O.Box (Houston Division)	PROOF OF CLAIM	
Name of Debtors	Case Number		
Stage Stores, Inc., a Delaware corporationSpecialty Retailers, Inc., a Texas corporationSpecialty Retailers, Inc. (NV), a Nevada ofSpecialty Retailers, Inc. (NV)	tion 00-35079-H2-11	Creditor ID#: 788-5991	
*place an "x" beside the name of the Debtor you ar against	e filing a claim	Bankruptcy Court	
Name of Creditor (The person or other entity to whom money or property): Baxter County Tax Collector	claim relating to your cla Attach copy of statemer		
	giving particulars.		
Name and address where notices should be sent: ***********************************	Check box if you have no received any notices from bankruptcy court in this of	Check box if you have never received any notices from the Michael N. Milby, Clerk bankruptcy court in this case	
#8 E 7th St Mountain Home AR 72653	Check box if the address differs from the address envelope sent to you by	on the	
	Chook hore		
Account or other number by which creditor identifie	s-debter: Check here replaces if this claim amends	a previously filed claim, dated:	
1. Basis for Claim Goods sold Services performed Money loaned		ed in 11-U.S.C. § 1114(a)	
Personal injury/wrongful death	Unpaid compensation for	Unpaid compensation for services performed	
│ <u>泸</u> Taxes │ Other	from t (date)	to(date)	
2. Date debt was incurred:	3. If court judgment, c	——————————————————————————————————————	
4. Total Amount of Claim at Time Case Filed: \$ If all or part of your claim is secured or entitled to poor the charges of the charges. Amount of Claim at Time Case Filed: \$ If all or part of your claim is secured or entitled to poor the charges.	riority, also complete Item 5 or 6 below.	ne claim. Attach itemized statement of all interest or	
5. Secured Claim Check this box if your claim is secured by collated right of setoff).	eral (including aCheck this box if you hatAmount entitled to prior	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of I	Wages, salaries, or commissi the bankruptcy petition or ces		
Value of Collateral: \$	Up to \$1,950* of deposits tow personal, family, or household Alimony, maintenance, or sup 507(a)(7).		
Amount of arrearage and other charges <u>at time cas</u> secured claim, if any \$	<u>Other</u> Specify applicable pa		
 Credits: The amount of all payments on this claim has the purpose of making this proof of claim. Supporting Documents: Attach copies of suppo- notes, purchase orders, invoices, itemized statements of ru- court judgments, mortgages, security agreements, and ev DO NOT SEND ORIGINAL DOCUMENTS. If the document explain. If the documents are voluminous, attach a summand. Date-Stamped Copy: To receive an acknowledge enclose a stamped, self-addressed envelope and copy of the 	erting documents, such as promissory unning accounts, contracts, idence of perfection of lien. Ints are not available, ary. nent of the filing of your claim,	This Space Is for Court Use Only_	
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach/cppy of power of attorney, if any): $ (2-2(2-0)) = (1/2) + (1/$		aim ————————————————————————————————————	
1 - 17 17 - 11 1 1 1 1 1 1 1 1 1 1 1	MICHANI "		

#8 EAST 7TH STREET
MOUNTAIN HOME, AR 72653

	COUNTY ROAD COULEGE 39898 610439 COUNTY ROAD COUNTY GENERAL LIBRARY COLLEGE CITY SCHOOL 30.	VALUATION SCHIL TOTAL LATE DIST. RATE 199,490 O9M 3950
PERSON ESTATE MENTS.	COUNTY ROAD CITY LIBRARY 1795\$ 59847 39898 199 1795\$ 59847 39898 199 NOTICE - TI Compare san error exists to responsible. Tax Books of penalty add PI OO MILLS OO MILLS OO MILLS OO MILLS OO MILLS OO MILLS	B4239 STAGE #1 C/O HARD 3903 BEL HOUSTON PENALTY SPECIAL LEVIES*
(2)	TIMBER TX. SPECIAL* OF OF The holder of this statement is hereby notified to state return same at once for correction, or I am not ks open March 1st and close October 10th. 10 percent ks open March Statement With Payment Please Return Statement With Payment MAKE CHECKS PAYABLE MAKE CHECKS PAYABLE	ING AND CARBONE INC. LAIRE BLVD TX 77025 GENERAL TAX 7.879.86 7.879.86